

County: Winnebago
 OAKRIDGE GARDENS NURSING CENTER
 1700 MIDWAY ROAD

Facility ID: 6620

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MENASHA 54952 Phone: (920) 739-0111
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 111
 Total Licensed Bed Capacity (12/31/03): 111
 Number of Residents on 12/31/03: 103

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 106

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.4
Supp. Home Care-Personal Care	No					1 - 4 Years		35.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.9	More Than 4 Years		25.2
Day Services	No	Mental Illness (Org./Psy)	17.5	65 - 74	2.9			----
Respite Care	No	Mental Illness (Other)	1.9	75 - 84	31.1			79.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	19.4	65 & Over	97.1	-----		
Transportation	No	Cerebrovascular	18.4		-----	RNs		8.9
Referral Service	No	Diabetes	4.9	Gender	%	LPNs		10.4
Other Services	Yes	Respiratory	7.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.5	Male	19.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	80.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	13	100.0	263	51	91.1	113	0	0.0	0	29	87.9	153	0	0.0	0	1	100.0	325	94
Intermediate	---	---	---	5	8.9	94	0	0.0	0	4	12.1	151	0	0.0	0	0	0.0	0	9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	13	100.0		56	100.0		0	0.0		33	100.0		0	0.0		1	100.0		103

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	7.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.7	Bathing	3.9	75.7	20.4	103
Other Nursing Homes	2.9	Dressing	12.6	73.8	13.6	103
Acute Care Hospitals	84.9	Transferring	28.2	55.3	16.5	103
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.4	64.1	15.5	103
Rehabilitation Hospitals	0.0	Eating	77.7	17.5	4.9	103
Other Locations	2.9	*****				
Total Number of Admissions	172	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.7	Receiving Respiratory Care		8.7
Private Home/No Home Health	30.4	Occ/Freq. Incontinent of Bladder	33.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	13.1	Occ/Freq. Incontinent of Bowel	18.4	Receiving Suctioning		0.0
Other Nursing Homes	1.2			Receiving Ostomy Care		1.9
Acute Care Hospitals	6.5	Mobility		Receiving Tube Feeding		1.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.9	Receiving Mechanically Altered Diets		14.6
Rehabilitation Hospitals	0.0					
Other Locations	15.5	Skin Care		Other Resident Characteristics		
Deaths	33.3	With Pressure Sores	3.9	Have Advance Directives		43.7
Total Number of Discharges		With Rashes	9.7	Medications		
(Including Deaths)	168			Receiving Psychoactive Drugs		52.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	86.2	1.11	87.6	1.09	88.1	1.08	87.4	1.09
Current Residents from In-County	55.3	78.5	0.71	83.0	0.67	82.1	0.67	76.7	0.72
Admissions from In-County, Still Residing	12.8	17.5	0.73	19.7	0.65	20.1	0.64	19.6	0.65
Admissions/Average Daily Census	162.3	195.4	0.83	167.5	0.97	155.7	1.04	141.3	1.15
Discharges/Average Daily Census	158.5	193.0	0.82	166.1	0.95	155.1	1.02	142.5	1.11
Discharges To Private Residence/Average Daily Census	68.9	87.0	0.79	72.1	0.96	68.7	1.00	61.6	1.12
Residents Receiving Skilled Care	91.3	94.4	0.97	94.9	0.96	94.0	0.97	88.1	1.04
Residents Aged 65 and Older	97.1	92.3	1.05	91.4	1.06	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	54.4	60.6	0.90	62.7	0.87	61.7	0.88	65.9	0.83
Private Pay Funded Residents	32.0	20.9	1.53	21.5	1.49	23.7	1.35	21.0	1.53
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	19.4	28.7	0.68	36.1	0.54	35.8	0.54	33.6	0.58
General Medical Service Residents	17.5	24.5	0.71	22.8	0.77	23.1	0.76	20.6	0.85
Impaired ADL (Mean)	42.9	49.1	0.87	50.0	0.86	49.5	0.87	49.4	0.87
Psychological Problems	52.4	54.2	0.97	56.8	0.92	58.2	0.90	57.4	0.91
Nursing Care Required (Mean)	5.0	6.8	0.73	7.1	0.70	6.9	0.72	7.3	0.68